

Determining Student Eligibility For Meal Benefits





Resources

- USDA's Eligibility Manual for School Meals 2017-2018
- Current year Income Guidelines
- Quick Reference Guide
- Maine CN YouTube Video



Documentation

In order to claim Federal reimbursement for Free/Reduced student meals, you must have proper documentation of student eligibility.

What's proper documentation?



Determining Eligibility

- 1. Free and Reduced-Price Meal Application
 - Income
 - Categorical (SNAP/TANF, foster)
- 2. Direct Certification
- 3. Migrant/Homeless/Head Start List

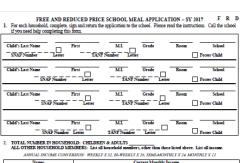


FREE AND REDUCED MEAL BENEFIT APPLICATIONS

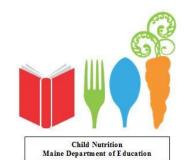
Child Nutrition

Maine Department of Education

- Must be available to all households
- Only 1 application per household needs to be submitted
- Families cannot be required to complete an application



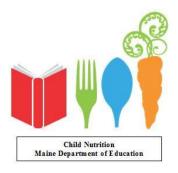
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1,		\$	\$2	22	\$	
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5.		\$	\$	\$2	s	0



Letter to Households

Distributed at the <u>start</u> of each school year

- Letter should include:
 - What School Nutrition Programs are available
 - F/R/P price
 - apply/reapply at any time



Free and Reduced Price Applications & Letters to Households

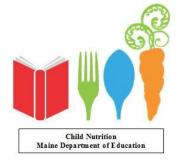
Current Year Materials

Maine Child Nutrition website

Maine.gov/doe/nutrition
Forms Page

USDA Translated Applications

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Carryover of Eligibility

 Eligibility status from the previous school year remains in effect for up to 30 operating days, or until new documentation is received, whichever comes first.

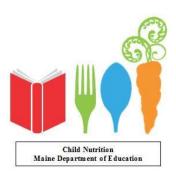
New eligibility supersedes carryover eligibility.



Processing Free and Reduced-Price Meal Applications

 Applications should be processed and families notified about the results <u>as soon as possible</u>, but no later than 10 calendar days after being received

- Eligibility becomes effective when the application is received
 - Date stamp and initial upon receipt



Processing Free and Reduced-Price Meal Applications

FREE AND REI 1. For each household, complete, si if you need help completing this				
Child': Last Name	First TANF Nu		irade Roo	m School
	First		rade Roo	_
SNAP Number	Letter	TANF Numb	er Letter	Foster Child
Child': Last Name SNAP Number	First	MI G	rade Roo er Letter	m School Foster Child
	First		rade Roo	m School
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4	\$		-	s
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		7in	Code	Date
Home Address				
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All applications are taken at face value!

Two ways to process apps:

- 1. Categorical
- 2. Income



Categorical Eligibility

Student/Household Receives Benefits from an Assistance Program:

SNAP/TANF

Eligibility is extended to the entire household.

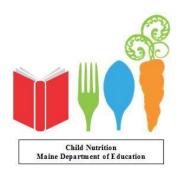
Directly Certified

Other Source Categorical

Head Start

Eligibility is NOT extended to the entire household.

- Migrant
- Homeless
- Foster Children



Foster Children

- Member of the household where they reside
- Eligible for Free meals regardless of income
- Their benefit not extended to other members
- Other members in household approved based on household information

Maine Department of Education

Free and Reduced Price Applications: Categorical Eligibility

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION - SY 2016 F R D

For each household, complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

Child's Last Name First	M.J. Grade	Room School
Food Stamp Number Letter	TANF Number Letter	☐ Foster Child
Child's Last Name First Food Stamp Number	M.I. Grade ———————————————————————————————————	Room School Foster Child
Child's Last Name First Food Stamp Number	M.I. Grade Letter TANF Number Letter	Room School Foster Child
Child's Last Name First Food Stamp Number	M.I. Grade Letter TANF Number Letter	Room School

Free and Reduced Price Applications: Categorical Eligibility

Acceptable:

8 numbers & a letter

<u>Unacceptable</u>

- MaineCare
- EBT numbers
- Any number that does not fit the space provided!
- Statement from parent

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION - SY 2014

R D

For each household, complete, sign and return the application to the school. Please read the instructions. Call the school
if you need help completing this form.

Child's Last Name First Food Stamp Number Letter TANF N	M.L. Grade	Room	School Foster Child
Child's Last Name First Food Stamp Number Letter	M.I. Grade TANF Number Le	Room	School Foster Child
Child's Last Name First Food Stamp Number Letter	M.I. Grade TANF Number Le	Room	School Foster Child
Child's Last Name First Food Stamp Number Letter	M.I. Grade TANF Number	Room	School Foster Child



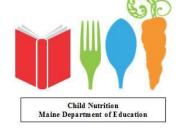
Free and Reduced Price Applications: Categorical Eligibility

2. TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS ______

ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above. List all income.



Only exception is foster child with other siblings



Free and Reduced Price Applications: Categorical Eligibility

	·	·
3. SIGNATURE: An adult household member must sign the appl	lication and list the last 4 digits of his/her social	security number before it can be approved.
PENALTIES FOR MISREPRESENTATION: I certify that all of to	he above information is true and correct and that	t the food stamp or TANF number is correct or
that all income is reported. I understand that this information is being gi statement and that the deliberate misrepresentation of the information may s		
Signature of Adult:	Last 4 Digits of Social Security Number	er: I do not have a Social
Printed Name:	Home Phone:	Work Phone:
Home Address	Zip Code	Date



FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION - SY 2016 F R D

For each household, complete, sign and return the application to the school. Please read the instructions. Call the school
if you need help completing this form.

Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number Let	ter TANF N	Number Lette	r		Foster Child
Child's Last Name Food Stam	First up Number Letter	M.I. TANF N	Grade umber Letter	Room	School Foster Child
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Child's Last Name Food Star	First mp Number Letter	M.I. TANF	Grade — — — — — Number Letter	Room	School Foster Child

Free and Reduced Price Applications: Income

2. TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS _______
ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above. List all income.

ANNUAL INCOME CONVERSION: WEEKLY X 52, BI-WEEKLY X 26, SEMI-MONTHLY X 24, MONTHLY X 12

+						
	Names		Current	Monthly Income		
		Monthly Earnings from	Monthly Welfare, Child	Monthly Payments from	Monthly Earnings from	Check
	All Other Household Members	Work (Before	Support, Alimony	Pensions, Retirement,	Job 2 or any Other	if NO
		Deductions) Job 1		Social Security	Monthly income	Income
	1	S	S	S	S	
	2	6	S	S	s	
	3	<u> </u>	S	S	S	
	4	\$	S	S	S	
	5	s	S	S	S	

- Names of ALL OTHER household members
- Income from all sources and frequency



Free and Reduced Price Applications: Income with Multiple Frequencies

Weekly X 52= Annual \$
Every Two Weeks X 26= Annual \$
Twice a Month X 24= Annual \$
Total Annual Income

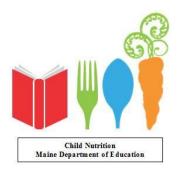
- Compare to income guidelines for ANNUAL income for the household size
 - Do NOT round
 - Do NOT convert back to monthly income



No conversion is required when one source of income is listed

OR

All income sources are the same frequency



Income Guidelines

	2018-2019 INCOME GUIDELINES											
			FREE					F	REDUCED			
	Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly	ć.	Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly	
1	15,782	1,316	658	607	304	1	22,459	1,872	936	864	432	1
2	21,398	1,784	892	823	412	2	30,451	2,538	1,269	1,172	586	2
3	27,014	2,252	1,126	1,039	520	3	38,443	3,204	1,602	1,480	740	3
4	32,630	2,720	1,360	1,255	628	4	46,435	3,870	1,935	1,786	893	4
5	38,246	3,188	1,594	1,471	736	5	54,427	4,536	2,268	2,094	1,047	5
6	43,862	3,656	1,828	1,687	844	6	62,419	5,202	2,601	2,402	1,201	6
7	49,478	4,124	2,062	1,903	952	7	70,411	5,868	2,934	2,709	1,355	7
8	55,094	4,592	2,296	2,119	1,060	8	78,403	6,534	3,267	3,016	1,508	8
Additiona	5,615	468	234	216	108		7,992	666	333	308	104	



3. SIGNATURE: An adult household member must sign the	e application and list the last 4 digits of his/her soc	ial security number before it can be approved.
PENALTIES FOR MISREPRESENTATION: I certify that all	ll of the above information is true and correct and th	at the food stamp or TANF number is correct or
that all income is reported. I understand that this information is bei		
statement and that the deliberate misrepresentation of the information	may subject me to prosecution under applicable Stat	e and Federal laws.
Signature of Adult:	Last 4 Digits of Social Security Num	ber: I do not have a Social
		Security Number
Printed Name:	Home Phone:	Work Phone:
Home Address	Zip Code	Date



. OTHER BENEFITS - You do not have to complete this part to get free or reduced price school meals.
Health Insurance Yes, I want Maine Care health care coverage information for my child. School officials may give my name and address to the Department of Health Human Services so that they can send me information about Maine Care low-cost or free health care coverage for my child. (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health care coverage.)
understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. give up my rights to confidentiality for this purpose only.
certify that I am the parent/guardian of the child for whom application is being made.
Signature of parent/guardianDate



5. CHILDREN'S ETHNIC and RACIAL IDENTITIES: Option	ional. You are not required to answer this question
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Mark one ethnic identity:

- ☐ Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
- White
- □ Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

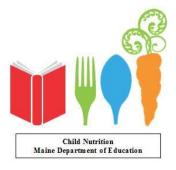
Must be on every application Optional for households to fill out



Privacy Act Statement

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Privacy Act Statement. Unless you list the child's food stamp or TANF case number, Section 9 of the National School Lunch Act requires that you include the last 4 digits of the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if the last 4 digits of a social security number are not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The last 4 digits of the social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or TANF office to determine current certification for food stamps or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.



Approval / Denial by the SFA

For School Use Only:	Food stamp/FDPIR/TANF household categorically eligible free: [] Yes	[] No
Total monthly income:	Approved Free: Approved Reduced:	Denied:
Determining official:	Signature:	Date:



Summary: A Complete Application

- Application with SNAP/TANF #:
 - Child's name
 - SNAP/TANF # (correct format)
 - Adult signature
 - Last 4 digits of social or check "no ssn"
- Application with Income:
 - Child's name
 - Household Names & Household Size must match
 - Adult signature
 - Last 4 digits of social or check "no ssn"



Transfer Students

- Student moves halfway through the year and you receive a copy of their application from the sending school
- Make sure to reapprove and sign!



HOMELESS, MIGRANT, HEAD START

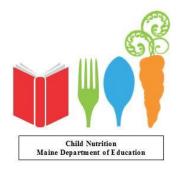


Determining Eligibility: Homeless/Migrant/Head Start

Application not required

- A student identified by the:
 - District homeless liaison
 - Migrant Coordinator
 - Head Start Coordinator

Categorically eligible for Free meals



DIRECT CERTIFICATION



Direct Certification

Assistance Programs

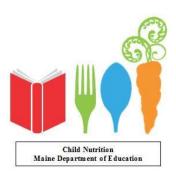


Free School Meals

Automatically eligible for free meals

Extended to entire household

Families must be notified



Direct Certification



Takes precedence over an application. Eligible for FREE meals for the entire school year.



Direct Certification

List is accessed in NEO

- List <u>must</u> be checked at least 3x each school year:
 - 1. Start of school
 - 2. October-November
 - 3. January-March

SAVE A COPY



Administrative Approval

- If a household fails to apply and the child is known to be eligible, local officials may complete an application on behalf of the child.
 - Application should be based on best known household size and income information
 - Limited use
 - Excluded from verification
- Household must be notified



Changes in Benefits

Applications can be submitted throughout the year.

Changes must take place:

Within 3 days for an increase in benefits

(ex: Paid to Reduced)

In 10 days for a decrease in benefits

(ex: Free to Paid)



Notification of Eligibility

NOTIFICATION OF ELIGIBILITY			
Dear Parent or Guardian:	DATE;		
Your application for free or reduced price meals for your child(ren) has been:			
Approved for applicable programs listed below (check all t Free Lunches Free Breakfasts Free After School Snacks Free Milk for K and Pre-K, if meals are unavailable to them.	Reduced price lunches at \$ per meal Reduced price breakfast at \$ per meal Reduced price After School Snacks at \$ per snack		
Denied because: Household income is over the amount allowable. Other	The application is missing		
You may appeal this decision by writing address	the Hearing Official, who isor calling him/her at	this	
	Sincerely,		
Name:	Approving Officer		
Street/RFD/P.O. Box;			
City/Town;, ME (ZIP)		

2013-2014 School Year Income Guidelines For Reduced Price Meals

REDUCED INCOME

Duration of Eligibility

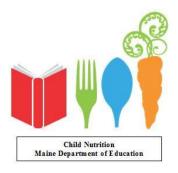
Eligibility is good for the entire school year AND

the first 30 operating days of the next school year



Labeling/Storing for Verification

- Error Prone
 - \$100 dollars above/below free guidelines OR \$100 dollars below reduced guidelines
- Directly Certified
- SNAP/TANF Numbers
- Migrant, homeless, etc.



Benefit Issuance List or "Master List"

List of students eligible for free and reducedprice meals

- Updated/revised as changes occur
- History of eligibility for the school year
- Documentation to support the monthly claim
- Confidential



Benefit Issuance List or "Master List"

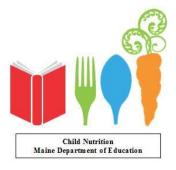
List should contain:

- Student first and last name
- Benefit status (free/reduced/paid)
- Date status was determined
- Method of determination (DC/categorically eligible/application)
- School name
- Changes



Point of Service Document

- Used at the Point of Service (POS)
- List should contain:
 - Student's first and last name
 - Code for <u>current</u> Benefit status (free/reduced)
 - School name
- Electronic or Manual (paper list)



Common Errors: Applications

- ✓ Incorrect SNAP/TANF number
- ✓ Not following up with incomplete applications
- ✓ Math Errors
 - Annual income if income reported in various forms
 - Data entry into electronic systems
- ✓ Sign and date!
 - Electronic vs Paper



Common Errors: Direct Certification

- Check at least 3x year
- Manual search matches must be printed or saved
- Increase DC numbers by searching applications with TANF/SNAP#
- Must send a letter to DC households notifying them of their benefits

Maine Department of Education

SAVE ALL DC LISTS

Common Errors: Master List

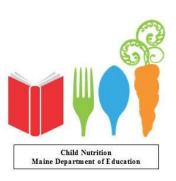
- ✓ Make sure the Master List in the office matches the check list used during meal service
 - After eligibility changes



Confidentiality

Eligibility information is **CONFIDENTIAL.**





Confidentiality

May share aggregate data

Eligibility information may not be shared without written <u>parental permission</u>

- May with another Child Nutrition Program
 - Disclosure Chart in Eligibility Manual

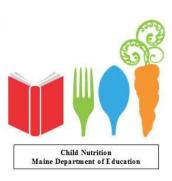


Don't End Up Like This Guy

Penalty for disclosure

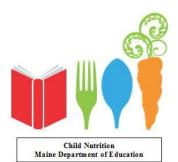






Questions?





Federal

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